

LETTER TO THE EDITOR

Efficacy of Vinorelbine in the Second-Line Setting and Beyond in Non-small Cell Lung Cancer

To the Editor

We read with great interest Noble et al.'s article "Second-Line or Subsequent Systemic Therapy for Recurrent or Progressive Non-Small Cell Lung Cancer: A Systematic Review and Practice Guideline" in the November issue of the *Journal of Thoracic Oncology*.¹ Chemotherapy beyond second line for advanced non-small cell lung cancer (NSCLC) is traditionally considered to have very little impact on overall survival.

The Food and Drug Administration has approved docetaxel, pemetrexed, and erlotinib for the treatment of advanced NSCLC in the second-line setting.² Currently, single-agent vinorelbine is not often used in the second-line setting based on the results from the phase III TAX 320 trial.³ We conducted a retrospective review of all patients with NSCLC treated with vinorelbine at Washington University School of Med-

icine/Alvin J. Siteman Cancer Center from 1999 to 2004. We identified 34 patients receiving salvage chemotherapy with vinorelbine for the treatment of advanced NSCLC. It was administered as second-line chemotherapy for 8 patients (24%), third line for 13 patients (38%), and fourth line for 13 patients (38%). Twenty-nine patients (85%) had prior exposure to platinum agents, 12 (35%) had previous exposure to docetaxel, and none had received pemetrexed. The median number of cycles of vinorelbine was three (range, one to six). Of the 34 patients, 33 received single-agent vinorelbine, and 1 patient received it in combination with gemcitabine. The median progression-free survival time was 5.6 months (95% CI, 2.98 to 7.38). The median overall survival time was 10.7 months (95% CI, 7.38 to 18.22), and 1-year overall survival was 44%. Partial response (PR) was reported in 1 patient (3%), stable disease in 13 patients (38%), progressive disease in 16 (47%), and unknown in 4 (12%). No complete response was reported.

Previous studies on vinorelbine monotherapy in this setting have shown highly variable rates (0% and 50%).^{4,5} In this report, the objective response rate for vinorelbine is low (3%). However, the progression-free survival of 5.6 months observed in this study is quite meaningful. Most patients (76%) had received vinorelbine in the third-line setting or beyond. The median survival of 10.4 months and 1-year survival of 44% in this study suggests that vinorelbine has a role to play beyond the first-line

setting for some patients with advanced NSCLC. Clearly, significant advances in lung cancer can only happen with a better understanding of molecular pathogenesis and development of novel agents.

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